

FORM **4441** (REV. 9-2009)

TRUST NAME
TRUST DATE / /
FEDERAL TRUST I.D. NUMBER
GRANTOR'S NAME
GRANTOR'S ADDRESS
The Trustee(s) currently serving are:
NAME
The Trust is currently in full force and effect.
We certify that we are the acting Trustees and have been granted, by the terms of the trust, unlimited authority to sel assign, dispose, or otherwise transfer any interest in any vehicles/vessels/outboard motors/manufactured homes to o from this trust.
We certify that the foregoing statements are true and correct under penalty of perjury.
COUNTY (OR CITY OF ST. LOUIS) This statement was executed at County, Missouri on ——/——/————
This statement was executed at County, Missouri on/
record under Chapter 610 and may be disclosed upon proper request.